AMENDMENT OF SOLICITATION/MODIFIC	ONTRACT		CONTRACT ID CODE		PAGE OF PAGES					
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE 4	I. REQ	UISITION/PURCHASE REQ. NO.	5. PR	 OJECT NO.	(If applicable)			
0005	See Bloo	1	7EM	003005		( ,,,				
6. ISSUED BY CODE	00601		7. ADMINISTERED BY (If other than Item 6) CODE 00601							
Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352				Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352						
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and	ZIP Code) (>	x) 9A.	AMENDMENT OF SOLICITATION NO.						
HPM CORPORATION Attn: Erica Ramos 4304 W. 24TH AVE. SUITE 100 KENNEWICK WA 993382320		х	S 10/ DE DE	DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER NO.  -EM0002043  -DT0012690  B. DATED (SEE ITEM 13)	0.					
CODE 012911892	FACILITY COD	DE	0	1/05/2017						
	11. THIS ITE	EM ONLY APPLIES TO AM	IENDM	ENTS OF SOLICITATIONS						
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF 0 virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If req. See Schedule  13. THIS ITEM ONLY APPLIES TO MORE A THIS CHANGE ORDER IS ISSUED IN THE MINE TO THE MINE TEMPORAL TO THE MINE TEMPORAL THE	oies of the amen to the solicitatio DFFERS PRIOR r already submit is received prior uired)  ODIFICATION O	dment; (b) By acknowledgin and amendment number TO THE HOUR AND DATI ted , such change may be to the opening hour and do Net	ing red rs. FA E SPE made   ate spe Inc	eipt of this amendment on each copy of the off ILURE OF YOUR ACKNOWLEDGEMENT TO CIFIED MAY RESULT IN REJECTION OF YOU by telegram or letter, provided each telegram o cified.	er subn BE RE UR OFF r letter . 87, SCRIBE	mitted; or (c) CEIVED AT FER If by makes 649.98	) Ву			
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH				MINISTRATIVE CHANGES (such as changes i OF FAR 43.103(b). TY OF:	n payin	g office,				
D. OTHER (Specify type of modification	and authority)									
E. IMPORTANT: Contractor is not.	x is required t	o sign this document and r	eturn		office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  Tax ID Number: 91-2131802  DUNS Number: 012911892  This Task Order is subject to base Contract DE-EM0002043 Clause I.70 FAR 52.232-18  Availability of Funds and Task Order Clause FAR 52.232-7 Payments Under Time-and-Materials and Labor-Hour Contracts. In accordance with base Contract Clause I.139 FAR 52.216-18  Ordering, all Terms and Conditions of Contract DE-EM0002043 are incorporated by reference.  A. The purpose of this modification is to formally issue a Change Order to make changes within the general scope of the Task Order for assistance with the implementation of the Government Furnished Electronic Health Record. The period of performance is extended from 9/30/2017 to 1/15/2018.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  16A. NAME AND TITLE OF SIGNER (Type or print)  Marcy J. Aplet-Zelen										
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B. I	JNITED STATES OF AMERICA		16C	. DATE SIGNED			
			Si	gnature on File			0/20/2017			
(Signature of person authorized to sign)				(Signature of Contracting Officer)		-   05	9/29/2017			

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	F	PAGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.					1	1	6			
	3. EFFECTIVE DATI	1		UISITION/PURCHASE REQ. NO.	5. PRC	JECT NO. (I	applicable)			
0005 6. ISSUED BY CODE	See Block	100	17EM003005  7. ADMINISTERED BY (If other than Item 6) CODE 0.0.6.0.1							
Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352	00601		Rich U.S. Rich P.O	nland Operations Office Department of Energy nland Operations Office Box 550, MSIN A7-80 nland WA 99352		00601				
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Co	ode) ()	(x) 9A.	AMENDMENT OF SOLICITATION NO.						
HPM CORPORATION		Ì								
Attn: Erica Ramos			9B.	DATED (SEE ITEM 11)		· · · · · · · · · · · · · · · · · · ·				
4304 W. 24TH AVE.										
SUITE 100		-	104	. MODIFICATION OF CONTRACT/ORDER N	10					
KENNEWICK WA 993382320		×	X DE	E-EM0002043	10.					
			DE-DT0012690							
			10E	B. DATED (SEE ITEM 13)						
CODE 012911892	FACILITY CODE		0	1/05/2017						
	11. THIS ITEM ON	ILY APPLIES TO AM	MENDM	ENTS OF SOLICITATIONS						
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF 0 virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If requised Schedule)	OFFERS PRIOR TO THE or already submitted, so is received prior to the	HE HOUR AND DATI uch change may be r opening hour and da	E SPE made b ate spe	CIFIED MAY RESULT IN REJECTION OF YO by telegram or letter, provided each telegram o cified.	UR OFFI or letter m	ER If by				
				DIFIES THE CONTRACT/ORDER NO. AS DE						
Clause FAR 52.243-3 Chang	res - Time-and- CT/ORDER IS MODIFIE H IN ITEM 14, PURSUA T IS ENTERED INTO F	Materials or ED TO REFLECT TH NT TO THE AUTHO	HE ADM ORITY	ES SET FORTH IN ITEM 14 ARE MADE IN TO DET-HOURS & base Contract H. 4 MINISTRATIVE CHANGES (such as changes of DET FAR 43.103(b).	3(f)					
E. IMPORTANT: Contractor is not.	X is required to sign	this document and re	return	1 copies to the issuing	n office					
14. DESCRIPTION OF AMENDMENT/MODIFICATION ( Tax ID Number: 91-2131802  DUNS Number: 012911892  This Task Order is subject to Availability of Funds and Task and Labor-Hour Contracts. In Ordering, all Terms and Condita. The purpose of this modification the general scope of the Government Furnished Electron 9/30/2017 to 1/15/2018.  Continued  Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	o base Contr sk Order Cla accordance itions of Co ication is t the Task Ord nic Health F	ract DE-EMO ause FAR 52 with base ontract DE- to formally der for ass Record. The	0002 2.23 Con -EMO y is sist e pe	2043 Clause I.70 FAR 52 22-7 Payments Under Time tract Clause I.139 FAR 002043 are incorporated sue a Change Order to a ance with the implementation of performance is	.232- e-and 52.2 d by make tation exte	d-Mater 216-18 refere change on of t ended f	nce. s he			
TOA. NAME AND TITLE OF SIGNER (Type or print)	CONTRA	too'	16A. N	AME AND TITLE OF CONTRACTING OFFIC	ER (Type	e or print)				
EKICA RAMOS	man	(P. )		cy J. Aplet-Zelen		100 -	ATE CIONES			
1 Waramos		29117		NITED STATES OF AMERICA		16C. D	ATE SIGNED			
(Signature of person authorized to sign)	.,	,		(Signature of Contracting Officer)						

NSN 7540-01-152-8070 Previous edition unusable 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0002043/DE-DT0012690/0005
 PAGE DE-EM0002043/DE-DT0012690/0005
 OF DE-EM0002043/DE-DT0012690/0005

NAME OF OFFEROR OR CONTRACTOR
HPM\_CORPORATION

EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The revised statement of work is attached.				
	Details of the Task Order change are included on	İ	1 1		
	the SF30 Continuation Page of this modification.	İ	Ιİ		
		İ			
	All other terms and conditions remain unchanged.				
	LIST OF CHANGES:				
	Reason for Modification : Change Order				
	Period Of Performance End Date changed from				
	30-SEP-17 to 15-JAN-18				
	Obligated Amount for this Modification:				
	\$187,649.98				
	New Total Obligated Amount for this Award:				
	\$387,649.98				
	Incremental Funded Amount changed: from				
	\$200,000.00 to \$387,649.98				
	CHANGES FOR LINE ITEM NUMBER: 1				
	Description changed from DE-EM0002043 CLIN 0013				
	OCCMED Hanford - Option Period 3 (Year Five) IDIQ				
	Labor with the ceiling of \$374,330.48 which the				
	Contractor exceeds at its own risk.				
	New labor categories with fully burdened fixed				
	hourly rates (direct and subcontracted) as				
	proposed.				
	Labor categories with fully burdened fixed hourly				
	rates in accordance with base Contract Section				
	B.14 as proposed.				
	ТО				
	Total labor with the ceiling of \$374,330.48 which				
	the Contractor exceeds at its own risk.				
			i i		
	DE-EM0002043 CLIN 0013 OCCMED Hanford - Option				
	Period 3 (Year Five) IDIQ				
	New labor categories with fully burdened fixed				
	hourly rates (direct and subcontracted) as				
	proposed.				
	Labor categories with fully burdened fixed hourly				
	rates in accordance with base Contract Section				
	B.14 as proposed.				
	DE EMONOCOA CLIM OOLG OCCMED Was family Only				
	DE-EM0002043 CLIN 0016 OCCMED Hanford - Option Period 4 (Year Six) IDIQ				
	Labor categories with fully burdened fixed hourly rates in accordance with base Contract Section				
	B.17 as proposed.				
	D.17 as proposed.				
	Continued				
		1			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DE -EM0002043/DE-DT0012690/0005
 PAGE DE -EM0002043/DE-DT0012690/0005
 OF DE -EM0002043/DE-DT0012690/0005

NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Obligated Amount for this modification:				
	\$184,330.48				
	Incremental Funded Amount changed from				
	\$190,000.00 to \$374,330.48				
	End Date changed from 30-SEP-17 to 15-JAN-18				
	CHANGES FOR LINE ITEM NUMBER: 2				
	Description changed from DE-EM0002043 CLIN 0013				
	OCCMED Hanford - Option Period 3 (Year Five) IDIQ				
	Other Direct Costs/Cost Reimbursables as proposed				
	with a ceiling of \$13,319.50 which the Contractor				
	exceeds at its own risk.				
	To Total Other Direct Costs/Cost Reimbursables				
	ceiling of \$13,319.50 which the Contractor				
	exceeds at its own risk.				
	DE-EM0002043 CLIN 0013 OCCMED Hanford - Option				
	Period 3 (Year Five) IDIQ and DE-EM0002043 CLIN				
	0016 OCCMED Hanford - Option Period 4 (Year Six)				
	IDIQ				
	Other Direct Costs/Cost Reimbursables as				
	proposed.				
	Obligated Amount for this modification: \$3,319.50				
	Incremental Funded Amount changed from \$10,000.00				
	to \$13,319.50				
	End Date changed from 30-SEP-17 to 15-JAN-18				
	Delivery Location Code: 00601				
	Richland Operations Office U.S. Department of Energy				
	Richland Operations Office				
	P.O. Box 550, MSIN A7-80				
	Richland WA 99352 US				
	Payment:				
	OR for Richland				
	U.S. Department of Energy				
	Oak Ridge Financial Service Center				
	P.O. Box 4307				
	Oak Ridge TN 37831				
	FOB: Destination				
	Period of Performance: 01/05/2017 to 01/15/2018				
	Change Item 00001 to read as follows(amount shown				
	is the total amount):				
0001	Total labor with the ceiling of \$374,330.48 which				374,330.
	the Contractor exceeds at its own risk.				
	Continued				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
DE-EM0002043/DE-DT0012690/0005

PAGE 4

OF 6

NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

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7)	(B)	(C)	(D)	(E)	(F)
	DD 700000000 07 70 0010 000077 07 5 1 0 0 1				
	DE-EM0002043 CLIN 0013 OCCMED Hanford - Option				
	Period 3 (Year Five) IDIQ				
	New labor categories with fully burdened fixed				
	hourly rates (direct and subcontracted) as				
	proposed.				
	Labor categories with fully burdened fixed hourly				
	rates in accordance with base Contract Section				
	B.14 as proposed.				
	DE-EM0002043 CLIN 0016 OCCMED Hanford - Option				
	Period 4 (Year Six) IDIQ				
	Labor categories with fully burdened fixed hourly				
	rates in accordance with base Contract Section				
	B.17 as proposed.				
	Line item value is:: \$374,330.48				
	Incrementally Funded Amount: \$374,330.48				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111556 Project: 0001525 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111556 Project: 0001525 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111668 Project: 0004626 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111668 Project: 0004626 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111556 Project: 0001525 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Continued				
		I	1 1		

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 PAGE DE -EM0002043/DE-DT0012690/0005
 PAGE DE -EM0002043/DE-DT0012690/0005
 OF DE -EM0002043/DE-DT0012690/0005

NAME OF OFFEROR OR CONTRACTOR
HPM\_CORPORATION

SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(B)	(C)	(D)	(E)	(F)
Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$184,330.48				
Change Item 00002 to read as follows(amount shown is the total amount):				
Total Other Direct Costs/Cost Reimbursables ceiling of \$13,319.50 which the Contractor exceeds at its own risk.				13,319.
DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ and DE-EM0002043 CLIN 0016 OCCMED Hanford - Option Period 4 (Year Six) IDIQ				
Other Direct Costs/Cost Reimbursables as proposed. Line item value is:: \$13,319.50 Incrementally Funded Amount: \$13,319.50				
Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info:				
Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info:				
Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info:				
Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$3,319.50				
	Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$184,330.48  Change Item 00002 to read as follows(amount shown is the total amount):  Total Other Direct Costs/Cost Reimbursables ceiling of \$13,319.50 which the Contractor exceeds at its own risk.  DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ and DE-EM0002043 CLIN 0016 OCCMED Hanford - Option Period 4 (Year Six) IDIQ  Other Direct Costs/Cost Reimbursables as proposed. Line item value is:: \$13,319.50 Incrementally Funded Amount: \$13,319.50  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111568 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111668 Project: 0004626 WFO: 0000000 Local Use: 0000000	Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$184,330.48  Change Item 00002 to read as follows(amount shown is the total amount):  Total Other Direct Costs/Cost Reimbursables ceiling of \$13,319.50 which the Contractor exceeds at its own risk.  DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ and DE-EM0002043 CLIN 0016 OCCMED Hanford - Option Period 4 (Year Six) IDIQ  Other Direct Costs/Cost Reimbursables as proposed. Line item value is:: \$13,319.50 Incrementally Funded Amount: \$13,319.50  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111566 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111566 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111568 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111668 Project: 0004626 WFO: 0000000 Local Use: 0000000	(B) (C) (D)  Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$184,330.48  Change Item 00002 to read as follows(amount shown is the total amount):  Total Other Direct Costs/Cost Reimbursables ceiling of \$13,319.50 which the Contractor exceeds at its own risk.  DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ and DE-EM0002043 CLIN 0016 OCCMED Hanford - Option Period 4 (Year Six) IDIQ  Other Direct Costs/Cost Reimbursables as proposed. Line item value is:: \$13,319.50 Incrementally Funded Amount: \$13,319.50  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111156 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111568 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111568 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111568 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 111568 Project: 0004626 WFO: 0000000 Local Use: 0000000	(B) (C) (D) (E)  Entity: 421601 Object class: 25610 Program: 1111668 Project: 0004626 WFO: 00000000 Local Use: 00000000  Funded: \$184,330.48  Change Item 00002 to read as follows(amount shown is the total amount):  Total Other Direct Costs/Cost Reimbursables ceiling of \$13,319.50 which the Contractor exceeds at its own risk.  DE-EMO002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ and DE-EMO002043 CLIN 0016 OCCMED Hanford - Option Period 4 (Year Six) IDIQ  Other Direct Costs/Cost Reimbursables as proposed. Line item value is: \$13,319.50  Incrementally Funded Amount: \$13,319.50  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000  Funded: \$0.00  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000  Funded: \$0.00  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 00000000 Local Use: 0000000  Funded: \$0.00  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111566 Project: 0001525 WFO: 00000000 Local Use: 0000000  Funded: \$0.00  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0001525 WFO: 00000000 Local Use: 0000000  Funded: \$0.00  Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 00000000 Local Use: 0000000

#### SF30 BLOCK 14 CONTINUATION:

B. This change order authorizes HPMC to perform necessary and required activities associated with assistance of the implementation of the Government furnished Electronic Health Record system through January 15, 2018.

C. The contractor is hereby provided a formal notice-to-proceed (NTP) with a not-to-exceed (NTE) ceiling authorization limit of \$200,000.00 (incremental funding and estimated funds remaining on the Task Order) prior to definitization of the change order in accordance with Task Order Clause FAR 52.243-3, "Changes – Time-and-Materials or Labor-Hours," base Contract Section H.43(f), "Task Ordering Procedures" and Clause I.139 FAR 52.216-18, "Ordering."

The contractor shall not exceed the NTE amounts provided herein without prior approval from the Contracting Officer (CO) via a modification to increase the amounts. The contractor shall notify the CO in writing with the rationale if the NTE amount is insufficient to proceed with the identified work.

The contractor is authorized to invoice labor hours and material (e.g. other direct costs/cost reimbursables) under this Task Order at the negotiated fiscal year (FY) 2017 rates and the rates stipulated in base Contract Section B within the NTE ceiling authorized for this change. Invoiced amounts will be adjusted following the negotiation of final FY 2018 labor rates and materials (e.g. other direct costs/cost reimbursables) if not already stipulated in base Contract Section B.

D. This modification adds \$187,649.98 of additional funds to the Task Order. Accordingly, work under the Task Order, such as described herein, must be performed within the amounts of funds which have been incrementally allotted to the Task Order in accordance with Task Order clause FAR 52.232-7, "Payments Under Time-and-Materials and Labor-Hour Contracts."

# E. The schedule for definitizing is:

Action	Date
Contractor Submits Technical, Cost & Fee Proposal	November 1, 2017
Commence Negotiations	December 15, 2017
Mutual Agreement of Definitization	January 5, 2018
Execute Definitization Task Order Modification	January 15, 2018

All other terms and conditions remain unchanged. End of Modification 005.

#### STATEMENT OF WORK

#### **SCOPE OF WORK**

The United States Department of Energy, Richland Operations Office (DOE-RL) requires the assistance of HPM Corporation (HPMC) to provide special consultative services and additional occupational health services in support of the implementation of the new Government furnished Electronic Health Record (EHR) system.

In accordance with base Contract DE-EM0002043 Section C.2.3, "Indefinite Delivery/Indefinite Quantity Scope," this support is not required by the Firm-Fixed Price portion of the base Contract including Sections C.2.1.8, "Information Systems Maintenance and Process Improvement," and C.2.1.9, "Information and Records Management."

The contractor shall provide assistance in support of the following tasks:

- 1. Coordinate with Mission Support Alliance (MSA) for the implementation of the EHR.
- 2. Provide assistance in the transition from the Electronic Medical Records (EMR) and Employee Job Task Analysis (EJTA) system to the EHR environment.
- 3. Provide special consultative service including review, analysis, testing, and evaluation of FedHealth compatible occupational EHR software and its implementation, and provide recommended process improvements and suggested policy changes for review.

#### DELIVERABLES/PERFORMANCE STANDARDS

HPMC shall ensure that work is performed in a competent, professional manner that meets established milestones per the project schedule. The specific deliverables for this task will be defined with input from the DOE-RL Chief Information Officer, to include, but not be limited to the following areas:

- 1. Attend periodic project meetings and participate in development of project schedule.
- 2. Determine operability and business standards, network infrastructure modification requirements and supporting documentation.
- 3. Determine the interfaces and modifications that will be necessary to support the EHR and any impacts during the transition.
- 4. Determine customization requirements to support operability of FedHealth compatible occupational EHR software.
- 5. Migration of data to the EHR environment and preparation for current EMR and EJTA system retirement.
- 6. Attend trainings to support implementation of EHR.
- 7. Submit monthly task order progress reports in accordance with base Contract *Section H.43*(i), "Task Ordering Procedure," including task/activity alignment to project schedule.

### **DELIVERY SCHEDULE**

The period of performance is January 5, 2017 through September 30, 2018.

## **QUALIFICATIONS**

The contractor shall demonstrate:

- Proposed medical personnel position to meet the qualification requirements as defined in in base Contract Section H.13 Qualification of Medical Personnel Non-Key;
- Additional positions as negotiated (MSA to provide project manager/project integrator);
- Knowledge of major system transitions and information technologies;
- Knowledge of current EMR and EJTA systems;
- Knowledge of DOE-RL policies and procedures concerning project/contract change control;
- Knowledge of Hanford Site mission, activities, priorities, and Prime Contractor responsibilities;
- Knowledge of Microsoft Office tools and Hanford specific software (e.g. PeopleCore, etc.); and
- Excellent communications skills.

# **CLAUSES**

The following clauses are incorporated by reference:

- FAR 52.204-15 Service Contract Reporting Requirements for Indefinite-Delivery Contracts (Oct 2016)
- FAR 52.232-7 Payments Under Time-and-Materials and Labor-Hour Contracts (Aug 2012)
- FAR 52.232-39 Unenforceability of Unauthorized Obligations (Jun 2013)
- FAR 52.243-3 Changes Time-and-Materials or Labor-Hours (Sept 2000)
- FAR 52.246-6 Inspection Time-and-Material and Labor Hour (May 2001)
- FAR 52.249-6 Termination (Cost Reimbursement) (May 2004) Alternate IV (Sept 1996)